



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 10/04/2004

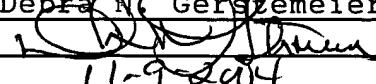
MICHEAL & SLAVIN, P. A.
2855 PGA BOUEVARD
PALM BEACH GARDENS, FL 33410
11/16/2004 TBESHAW2 00000073 10642786

01 FC:2501 685.00 OP
02 FC:1504 300.00 OP
03 FC:8001 30.00 OP

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

| | |
|--|--------------------|
| Debra N. Gerszemeier | (Depositor's name) |
|  | (Signature) |
| 11-9-2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/642,786 | 08/19/2003 | Joel Wenacur | WENACUR-2 | 3712 |

TITLE OF INVENTION: ADJUSTABLE MARINE AND AVIATION TOOL

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$685 | \$300 | \$985 | 01/04/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| SMITH, JAMES G | 3723 | 081-176300 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McHale & Slavin, P.A.
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Michael A. Slavin

Date 11/09/04

Typed or printed name Michael A. Slavin

Registration No. 34,016

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

| | | |
|-------------------------|------|---------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 1015.00 |
|-------------------------|------|---------|

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 10/642,786 |
| Filing Date | 08/19/2003 |
| First Named Inventor | Joel Wenacur |
| Examiner Name | James G. Smith |
| Art Unit | 3723 |
| Attorney Docket No. | 2698U.001 (WENACUR-2) |

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None

 Deposit Account:

| | |
|------------------------|----------------------|
| Deposit Account Number | <input type="text"/> |
| Deposit Account Name | <input type="text"/> |

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|-------------------|--------------|---------------|---------------|------------------------|----------------------|
| 1001 790 | 2001 395 | | | Utility filing fee | <input type="text"/> |
| 1002 350 | 2002 175 | | | Design filing fee | <input type="text"/> |
| 1003 550 | 2003 275 | | | Plant filing fee | <input type="text"/> |
| 1004 790 | 2004 395 | | | Reissue filing fee | <input type="text"/> |
| 1005 160 | 2005 80 | | | Provisional filing fee | <input type="text"/> |
| SUBTOTAL (1) (\$) | | | | | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid |
|----------------------|----------------------|----------------------|------------------------------|------------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | -20** = <input type="text"/> | X <input type="text"/> | = <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | - 3** = <input type="text"/> | X <input type="text"/> | = <input type="text"/> |
| | | | | | = <input type="text"/> |

| Large Entity | Small Entity | Fee Description |
|-------------------|--------------|--|
| 1202 18 | 2202 9 | Claims in excess of 20 |
| 1201 88 | 2201 44 | Independent claims in excess of 3 |
| 1203 300 | 2203 150 | Multiple dependent claim, if not paid |
| 1204 88 | 2204 44 | ** Reissue independent claims over original patent |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) (\$) | | |

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---|---------------|--|----------------------|
| 1051 130 | 2051 65 | Surcharge - late filing fee or oath | <input type="text"/> |
| 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet | <input type="text"/> |
| 1053 130 | 1053 130 | Non-English specification | <input type="text"/> |
| 1812 2,520 | 1812 2,520 | For filing a request for ex parte reexamination | <input type="text"/> |
| 1804 920* | 1804 920* | Requesting publication of SIR prior to Examiner action | <input type="text"/> |
| 1805 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action | <input type="text"/> |
| 1251 110 | 2251 55 | Extension for reply within first month | <input type="text"/> |
| 1252 430 | 2252 215 | Extension for reply within second month | <input type="text"/> |
| 1253 980 | 2253 490 | Extension for reply within third month | <input type="text"/> |
| 1254 1,530 | 2254 765 | Extension for reply within fourth month | <input type="text"/> |
| 1255 2,080 | 2255 1,040 | Extension for reply within fifth month | <input type="text"/> |
| 1401 340 | 2401 170 | Notice of Appeal | <input type="text"/> |
| 1402 340 | 2402 170 | Filing a brief in support of an appeal | <input type="text"/> |
| 1403 300 | 2403 150 | Request for oral hearing | <input type="text"/> |
| 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding | <input type="text"/> |
| 1452 110 | 2452 55 | Petition to revive - unavoidable | <input type="text"/> |
| 1453 1,370 | 2453 685 | Petition to revive - unintentional | <input type="text"/> |
| 1501 1,370 | 2501 685 | Utility issue fee (or reissue) | 985.00 |
| 1502 490 | 2502 245 | Design issue fee | <input type="text"/> |
| 1503 660 | 2503 330 | Plant issue fee | <input type="text"/> |
| 1460 130 | 1460 130 | Petitions to the Commissioner | <input type="text"/> |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | <input type="text"/> |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | <input type="text"/> |
| 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> |
| 1809 790 | 2809 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> |
| 1810 790 | 2810 395 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> |
| 1801 790 | 2801 395 | Request for Continued Examination (RCE) | <input type="text"/> |
| 1802 900 | 1802 900 | Request for expedited examination of a design application | <input type="text"/> |
| Other fee (specify) Advance Order-(10) copies of patent | | | 30.00 |
| | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

1015.00

SUBMITTED BY

(Complete if applicable)

| | | | | |
|-------------------|-------------------|-----------------------------------|--------|--------------------------|
| Name (Print/Type) | Michael A. Slavin | Registration No. (Attorney/Agent) | 34,016 | Telephone (561) 625-6575 |
| Signature | | | Date | 11/09/04 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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